



**Testimony to the Senate Health Policy Committee  
Regarding Senate Bill 1013  
Cheryl Bentley, RDH  
Michigan Dental Hygienists' Association  
September 20, 2016**

Good afternoon Chairman Shirkey and members of the Committee. My name is Cheryl Bentley and I'm a Registered Dental Hygienist. I've served as the President of the Michigan Dental Hygienists' Association and am currently the Legislative Committee Chair. I'm here today on behalf of Registered Dental Hygienists all across Michigan.

The mission of the MDHA is to improve the public's total health by advancing the art and science of Dental Hygiene and promoting the highest standards of education, licensure, research, and practice and to incorporate dental hygiene services as a standard of care to achieve total health.

After much research regarding the training and scope of practice of Dental Therapists in Minnesota and other areas, the MDHA supports Senate Bill 1013's goal of creating the Dental Therapist as an oral health care provider in Michigan.

**Half of Michigan's 10,300 Registered Dental Hygienists' are either unemployed or under-employed.**

We are limited by our current scope of practice to providing education and preventative services that – while incredibly valuable – fall short of the restorative services many Michiganders need. Registered Dental Hygienists' are willing and able to do more – particularly in areas underserved by dental professionals due to the lack of acceptance of poor patients by Dentists. While a Registered Dental Hygienist has some flexibility when practicing in a non-profit under Michigan's P.A. 161 program, the barriers and limitations of the program do not allow it to come close to solving the problems of access to oral care for those who need it most.

If SB 1013 passes, Registered Dental Hygienists in Michigan would be well-positioned to seek a license in Dental Therapy. We expect many would seek dual licensure as a RDH and DT – therefore providing maximum flexibility for oral health patient care.

National standards from the Commission on Dental Accreditation (CODA) allow for Registered Dental Hygienists to enter a dental therapy education program with advanced standing to recognize the overlap in skill sets. Therefore a currently licensed Registered Dental Hygienist, depending on how a program is constructed in Michigan, would likely be able to trim 12 or more months off the three year program before beginning the required 500 hours of clinical practice followed by a clinical exam to achieve licensure.

We expect the training of a Dental Therapist in restorative care would happen right along side students being trained to become Dentists. The difference would be those pursuing a Dentistry degree would continue their classroom training while Dental Therapist candidates would turn to clinical practice on their limited scope-of practice for 500 hours. The standard of care in their over-lapping scopes would be equal.

On behalf of the Michigan Dental Hygienists' Association, I urge you to carefully consider SB 1013 and support the legislation as it moves through the Senate.

I would be happy to take any questions you might have now.